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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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(Choose One) Report (Non-Election Year Only)	1. NAME OF COMMITTEE (in full)			TYPE OR PRINT ▼			ample: If ty er the lines.		12FB4M5				
Check it different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C 3. IS THIS REPORT (N) OR (A) AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C1) July 15 Quarterly Report (C2) Cotaber 15 Cuarterly Report (C3) January 31 Year-End Report (VE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (IER) Election on Navember 2 Election on Navember 2 In the State of Election on Navember 2 In the State of Election on Navember 2 Signature of Treasurer Littury Mannuary Date NoTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the peralties of 2 U.S.C. §4376. FEC FORM 3X Rev. 122004	6	ar	5 Cann	4.1.T. 1.	E _{II}		111	· <u> </u>	1-1-1-	1_1_1_1_1		أنابا	
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than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V C 3. IS THIS NEW OR AMENDED (A) 4. TYPE OF REPORT (b) Monthly Report (N) OR (A) 4. TYPE OF REPORT (b) Monthly Report (No. Sep 20 (M2) May 20 (M5) Aug 20 (M6) Nov 20 (M17) Chrose One) (a) Quarterly Reports: April 15 Quarterly Report (C1) July 15 Quarterly Report (C2) October 15 Quarterly Report (C3) January 31 Year-End Report (C4) Livy 31 Mid-Year Report (C4) Fig. Countried Report (C5) January 31 Year-End Report (YE) Livy 31 Mid-Year Report (C6) Report for the: Convention (12C) Special (12S) Countried Report (YE) Livy 31 Mid-Year Report (C6) Report for the: Election on November 2 In the State of 1 Certify that I have examined this Report and to the best of my knewtesige and belief it is true, correct and complete. Type or Print Name of Treasurer FEC HUL J Mannary Date W 30 (200) FEC FORM 3X Rev 122004 FEC FORM 3X Rev 122004 FEC FORM 3X Rev 122004	ΑQ	DRESS (number and street)	17/13	14 A-u	MONA	· Vail	1 Ry 1	DRILL	(<u> </u> E	<u> </u>		
2. FEC IDENTIFICATION NUMBER V C 3. IS THIS NEW RIPORT (N) OR (A) 4. TYPE OF REPORT (b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1) Feb 20 (M2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M8) Proceeding New Cody) April 15 Cuarterly Report (C1) July 15 Cuarterly Report (C2) Feb 20 (M2) Feb 20 (M2) Feb 20 (M3) Feb 20 (M3) Feb 20 (M10)			120				<u> </u>	11	- 10.00	LLL Koai	<u> </u>		
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(Choose One) (a) Querterly Report (Choose One) (b) Choose One) (a) Querterly Report (Choose One) April 15 Quarterly Report (Choose One) April 16 Quarterly Report (Choose One) April 12 Quarterly Permany (12P) April 12 Quarterly (12P) April 12 Qu			e de la greco e greco esta la greco e a Secreta esta esta esta esta esta esta esta e	rickyresed D derine er de			- 7,1	NEW (N) X OR	Por Navi				
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Cuarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Report (Non-election Year Only) (MY) Termination Report (TER) Termination Report (TER) Election on Revenue 2 2010 Special (30S) Funoff (30R) Funoff (30R) Special (30S) Funoff (30R) Special (30S) Funoff (30R) Funoff (3				1 ''	PRE-Electi	on			ur N	` '	3.50	nunon (12A)	
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period Cove		7 -	October 15		Report for	the:	Convention	1 (12C)	Spe	icial (125)			
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Election on November 2 2010 State of State of Covering Period Touring that I have examined this Report and to the best of my knewledge and belief it is true, correct and complete. Type or Print Name of Treasurer Type or Print Name of Treasurer Active Manney Signature of Treasurer Manney Date Office Use FEC FORM 3X Rev. 12/2004			January 31			Election on						**************************************	
Termination Report (TER) Election on November 2 200 State of 5. Covering Period through I certify that I have examined this Report and to the best of my knewledge and belief it is true, correct and complete. Type or Print Name of Treasurer AND NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. FEC FORM 3X Rev. 12/2004		.A* **	July 31 Mid-Year Report (Non-election	(d)	POST-Elec					•		Special (30S)	
5. Covering Period through I certify that I have examined this Report and to the best of my knewledge and belief it is true, correct and complete. Type or Print Name of Treasurer Arthur I Manney Date W/30 (2000) Signature of Treasurer Date W/30 (2000) NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use					нероп тог		Novem	bez.		- •		,	
Signature of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004		·	g Period		ali tek	orani usolitar ori) Survaintes	i kaan	g de Programa	:: 		
Office Use FEC FORM 3X Rev. 12/2004	Тур	e or Prin	t Name of Treasure	0		-1	_	I, TR				Viting to the state of the stat	
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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand yerry eryetty- January 1,		6,662,43
(b) Cash on Hand at Beginning of Reporting Period	61629	, -
(c) Total Receipts (from Line 19)	and the second of the second o	g produce and control control to the control to t
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,62 43	L. [G2.43
. Total Disbursements (from Line 31)	i provincia de la calenta de la comprese provincia de la calenta de la comprese de la calenta de la comprese de	i se an el esperimente a la esperimenta de la composition della co
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	616243	1, 162 43
. Debte and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	ja kasal kan tangan di kanasa di kasal kan di kanasa di kanasa di kanasa di kanasa di kanasa di kanasa di kana Salam kanasa di kanasa	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1500.00	1,500,00
This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

SCHEDULE C (FEC Form 3X)				
LOANS		Use separate schedul for each category of t Detailed Summary Pa	he	
NAME OF COMMITTEE (In Full)				
GOP 5				
LOAN SOURCE Full Name (Last, First, Middle			Election:	
VARIOUS JN	dividuE	15	Primary General	
Mailing Address			Other (specify)	
City Sta	ate ZIP Cod	ie .		
Original Amount of Loan C	umulative Payment To	Date Ba	alance Outstanding at Close of This Period	
TERMS Date Incurred	Date Due	Interest R	ate Secured:	
57 12 2006 of	1 57 8	50 6	% (apr) Yes No	
List All Endorsers or Guarantors (if any) to L	oan Source			
1. Full Name (Last, First, Middle Initial)	.7	Name of Employer		
Mailing Address		SEAL ESTATE LANGLORD		
	ZIP Code	Amount Guaranteed 250.05		
2. Full Name (Last, First, Middle Initial)	06779	Outstanding: Name of Employer		
SULLIMAN ROBER	T Z	Occupation Occupation		
Mailing Address Pa Box 627		1/2	TALTOR	
	ZIP Code	Amount Guaranteed	256	
New MILFORD CH	06776	Outstanding:		
3. Full Name (Last, First, Middle Initial)	_	Name of Employer		
Mailing Address	-	Occupation		
	- TE	Amount		
City State	ZIP Code	Guaranteed Outstanding:	And the state of t	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation	•	
	715 A.J.	,	a from the section of	
City State	ZIP Code	Guaranteed Outstanding:		
		#	to the same of	
SUBTOTALS This Period This Page (optional)			20000	
TOTALS This Period (last page in this line only)			150000	
Carry outstanding balance only to LINE 3, Sched	ule D, for this line. If	no Schedule D, carry	forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)					
LOANS	Use separate schedule(s)	PAGE OF			
·	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X			
NAME OF COMMITTEE (In Full)					
LOAN SOURCE Full Name (Last, First, Middle Initial)					
LOAN SOURCE Full Name (Last, First, Middle Initial)					
VARIOUS Tradividue	Ls	Primary General			
Malling Address See Re	Lowi	Other (specify) ▼			
City State ZIP Co	Code				
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period			
TERMS Date Incurred Date Due	Interest Rate Secured:				
- 1 5 Th TO 2 THE A S CAN 1 1 B A S S S S S S S S S S S S S S S S S S		% (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Employer				
NOLAN, MINCENT	TOWN OF N	EW MILFORD			
Mailing Address	Occupation E.C. CN CMIC	DEVELOPMENT			
City State ZIP Code 1 Jan bery 4 Clast 11 2. Full Name (Last, First, Middle Initial)	Guaranteed Outstanding:	256.50			
2. Full Name (Last, First, Middle Initial)	Name of Employer				
SARACINO, MARY G Mailing Address	Occupation				
5 BRINSCA COURT City State ZIP Code	Amount Guaranteed	A confidence of the second of the second five in the second of the secon			
State ZIP Code VAN DURY C+ UESIC 3. Full Name (Last, First, Middle Initial)	Outstanding:	<u> 25000</u>			
3. Full Name (Last, First, Middle Initial)	Name of Employer STATE OF CT	EX ASSIT Comm			
Mailing Address Phlyn N	Occupation	Dr. D			
185 PIERROINT Re		DE P			
City , State ZIP Code	Amount Suaranteed	A Commence of the Commence of			
WATERDURY CT 06705	Outstanding:	and the Control of th			
4. Full Name (Last, First, Middle Initial)	Name of Employer	/			
-JAMES SMITH		Ed			
Mailing Address 2 Litthe BROOK LANE	Occupation				
City State ZIP Code NEW ICWN C+ 0647C	Amount Guaranteed Outstanding:	ar mais series a me assessa a manace manace que a como a ser a misonación como de la			
	g - Cert C d Affile series	ii lung ta an terming to the confidence of the control of the cont			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line, If no Schedule D, carry forward to appropriate line of Summery					

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation	mation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Re Other (Specify):	eceipt or Postmarked
Junt	1/10/11
PREPARER (3/2005)	DATE PREPARED
(3/2005)	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked //3///
Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	· · · · · · · · · · · · · · · · · · ·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
Lona	1/10/11
(3/2005)	DATE PREPARED